



FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)**1060.00**

Complete if Known

Application Number **10/734,860**

Filing Date **December 12, 2003**

First Named Inventor **Janaki Krishnaswamy**

Examiner Name: **PHAM, HUNG**

Group Art Unit **2168**

Attorney Docket No.: **ORA012 US**

METHOD OF PAYMENT

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit
Account
Number

50-2263

Deposit
Account
Name

Silicon Valley Patent Group LLP

The Director is authorized to: (check all that apply)

☐ Charges fees(s) indicated below ☒ Credit any Overpayments

☒ Charges any additional fee(s) or any underpayment of fee(s)

☒ Treat this paper as incorporating any needed extension of time, for submission of any paper, in this application, per 37 C.F.R. § 1.136(a)(3).

FEE CALCULATION

1. FILING FEE

Large Entity Fee		Small Entity Fee		Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
1011	300	2011	150	Basic Filing Fee	
1111	500	2111	250	Search Fee	
1311	200	2311	100	Examination Fee	
1504	300	1504	300	Publication Fee	
1005	200	2005	100	Provisional Filing Fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claim		Fee from below	Fee Paid
Total Claims	19	-20** =	0	x 0	= 0
Independent Claims	6	-4** =	1	x 420	= 420
Multiple Dependent				x	=

Large Entity Fee		Small Entity Fee		Fee Description
Code	(\$)	Code	(\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)**420.00**

** or number previously paid if greater; For Reissues see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fees		Small Entity Fees		Fee Description	Fees Paid
Code	(\$)	Code	(\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within one month	
1252	450	2252	225	Extension for reply within second month	460
1253	1020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition for a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee for provisional applications	
1806	180	1806	180	Submission of Information Disclosure Statement	180
8021	40	8021	40	Recording each patent assignment per properties (times # of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other Fee (specify)					

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)**640.00**

Submitted By

Name (Print/Type)

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Date

October 3, 2007

10/734,860 REFUND 00000023 10734860.00 DP



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known

Application Number	10/734,860
Confirmation Number	1532
Filing Date	December 12, 2003
First Named Inventor	Janaki Krishnaswamy
Examiner Name:	PHAM, HUNG
Group Art Unit	2168
Attorney Docket No.:	ORA012 US

Total Number Of Pages In This Submission

18

ENCLOSURES (check all that apply)

- | | | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form
(1 page in duplicate) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached: Check
(1 page) | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of
Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply (14 pages) | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC
(<i>Appeal Notice, Brief, Reply Brief</i>) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a
Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declarations | <input type="checkbox"/> Power of Attorney, Revocation of
Previous Powers; And Statement
Under 37 CFR 3.73(b) | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request (1 page) | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify
below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Response to Missing Parts/
Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | | |

Remarks

Please charge deposit account 50-2263 for any
fee required for entry of this paper.

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm
or
Individual Name

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Date

October 3, 2007

VIA EXPRESS MAIL

LABEL NO. EM 105 865 868 US